

*** FOR AG USE ONLY ***

LETTER: RT: COPY TO: FILE#: CLOSING: CC: SENT TO: CATEGORY:

Review YOUR Name, Affiliation, Address & Phone:		State Name, Address & Phone of the FIRM you are complaining against:
Name:		Name:
Address:		Address:
City, State, ZIP		City, State, ZIP
Home Phone:	Work Phone:	Phone:

For statistical purposes, please indicate if you are under the age of 60 or age 60 and over.

May we send a copy of this to the person or firm you are complaining against? YES NO
(If your response is no, we may be prevented from taking any action on your complaint.)

May we provide your name and telephone number to the media in the event of an inquiry about this matter? YES NO

May we send a copy of your complaint to another government agency for their review or investigation? YES NO

May we also send a copy to any private agency which resolves disputes like those raised in your complaint? YES NO

Was an oral or written warranty given? YES NO

Did you sign any documents? YES NO

Date of transaction

Place of transaction

Witness to transaction Salesperson's name

Total amount of damages (list actual loss only)

Have you complained to the firm? YES NO

What was their response?

Was the product or service advertised? YES NO

If yes, indicate the date and how it was advertised

Do you have an attorney? YES NO

If yes, please provide the attorney's name and address

Is any legal action pending? YES NO

List any other consumer agencies contacted

Please explain the entire circumstances surrounding your complaint below. Please fully describe any oral or written misrepresentations made to you.

This statement is true and accurate to the best of my knowledge.

Signature:

Date: